



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
P.O. Box 480, 205 Jefferson Street, Jefferson City, MO 65102-0480
APPLICATION FOR EMPLOYMENT

OUR MISSION: "Making a positive difference through education and service."

To applicants with disabilities, if you have difficulty with any phase of the employment process, please call 573-751-9619. Reasonable attempts will be made to accommodate special needs. TTY/TDD users, please call the Relay Missouri number at 1-800-735-2966 or the 711 Relay Operator.

IDENTIFICATION

LAST NAME		FIRST NAME		MIDDLE
SOCIAL SECURITY NUMBER	HOME PHONE NO.	WORK PHONE NO.	E-MAIL ADDRESS	
PRESENT MAILING ADDRESS (STREET AND NUMBER, RFD OR P.O. BOX)		CITY	STATE	ZIP
ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO The Department is unable to sponsor applicants in their application for work visas through INS. If you have questions, please contact Human Resources.				

POSITION (PLEASE COMPLETE ONE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING)

TITLE OF POSITION FOR WHICH YOU ARE APPLYING		VACANCY NO.	CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AS LISTED ON THE VACANCY NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		WHEN COULD YOU START WORK?	MINIMUM SALARY EXPECTATION
HOW DID YOU LEARN ABOUT THIS VACANCY?			
DO YOU HAVE RELATIVES WORKING FOR THIS DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE NAME.			

EDUCATION

HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT TEST <input type="checkbox"/> YES <input type="checkbox"/> NO CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	SCHOOL NAME AND LOCATION
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POST HIGH SCHOOL EDUCATION/TRAINING (I.E., COLLEGE, MILITARY, VOCATIONAL EDUCATION. COPIES OF TRANSCRIPTS WILL BE REQUIRED AT THE TIME OF THE INTERVIEW, IF SELECTED.)

NAME AND LOCATION OF SCHOOL	CREDITS EARNED			DEGREE EARNED	MAJOR OR SUBJECTS TAKEN
	QTR HOURS	SEM HOURS	OTHER		

SKILLS AND EQUIPMENT

CLERICAL SKILLS	TYPING SPEED (WPM) _____ DATE OF LAST TEST _____	SHORTHAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPEED (WPM) _____
OFFICE MACHINES AND EQUIPMENT YOU CAN OPERATE		
COMPUTERS YOU CAN OPERATE	<input type="checkbox"/> PC <input type="checkbox"/> MACINTOSH <input type="checkbox"/> OTHER _____	
SOFTWARE PACKAGES YOU HAVE USED		
HAVE YOU USED THE SAM SYSTEM? <input type="checkbox"/> HR <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> BUDGET <input type="checkbox"/> TIMEKEEPING		

CURRENTLY VALID LICENSES/CERTIFICATES (RELATIVE TO MINIMUM QUALIFICATIONS LISTED ON THE VACANCY NOTICE)

DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI CHAUFFER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI COMMERCIAL DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HAVE A VALID MISSOURI SCHOOL BUS OPERATOR'S PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
DO YOU HOLD A VALID MISSOURI TEACHING CERTIFICATE? IF YES, PLEASE LIST.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE TO VACANCY
OTHER LICENSE OR CERTIFICATE	LICENSE OR CERTIFICATE NO.
OTHER LICENSE OR CERTIFICATE	LICENSE OR CERTIFICATE NO.

COMMENTS

PERSONAL DATAA. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

If yes, list all such cases below, and in each case give: (1) the date, court and county location; (2) the nature or type of offense or violation (stealing, burglary, etc.); and (3) the penalty imposed (disposition).

Conviction of a violation of the law is not automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

EMPLOYMENT HISTORY

Please complete this section starting with your present or most recent employer. Use additional sheets of paper if necessary. You may attach a résumé in lieu of completing this section; however, failure to provide all the information requested may result in rejection of your application for employment.

EMPLOYER'S NAME

LIST DUTIES PERFORMED

ADDRESS

YOUR JOB TITLE

FROM (MO/YR):

TO (MO/YR):

HOURS PER WEEK

LAST MO. SALARY

SUPERVISOR'S NAME AND TITLE

PHONE NO.

MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO IF NO, WHY?

REASON FOR LEAVING

EMPLOYER'S NAME

LIST DUTIES PERFORMED

ADDRESS

YOUR JOB TITLE

FROM (MO/YR):

TO (MO/YR):

HOURS PER WEEK

LAST MO. SALARY

SUPERVISOR'S NAME AND TITLE

PHONE NO.

MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO IF NO, WHY?

REASON FOR LEAVING

EMPLOYER'S NAME

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ADDRESS

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FROM (MO/YR):

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HOURS PER WEEK

LAST MO. SALARY

SUPERVISOR'S NAME AND TITLE

PHONE NO.

MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO IF NO, WHY?

REASON FOR LEAVING

EMPLOYER'S NAME		LIST DUTIES PERFORMED
ADDRESS		
YOUR JOB TITLE		
FROM (MO/YR):	TO (MO/YR):	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		

REASON FOR LEAVING

EMPLOYER'S NAME		LIST DUTIES PERFORMED
ADDRESS		
YOUR JOB TITLE		
FROM (MO/YR):	TO (MO/YR):	
HOURS PER WEEK	LAST MO. SALARY	
SUPERVISOR'S NAME AND TITLE		
PHONE NO.		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		

REASON FOR LEAVING

BUSINESS REFERENCES

In the space below, list the name, address and phone number of three references who can verify your ability to perform the essential functions of the position as listed on the vacancy notice.

NAME	ADDRESS	DAYTIME PHONE NO.	EVENING PHONE NO.

I certify the above statements are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Missouri Department of Elementary and Secondary Education to review my previous employment, driving and criminal records and order background data as may relate to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.

ORIGINAL SIGNATURE (UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.)	DATE
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NOTICE OF DISCRIMINATION: The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department employment may be directed to the Jefferson State Office Building, Title IX Coordinator, 2nd Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-9619.

VOLUNTARY AFFIRMATIVE ACTION DATA

The Missouri Department of Elementary and Secondary Education is required to report specific information regarding our applicant pool for affirmative action purposes. The information you provide will be kept confidential in accordance with state and federal laws. Please complete the form and return it to: Human Resources, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102-0480.

The hiring section will not have access to this data during the selection process. The data provided will neither enhance or detract from your opportunity for employment with the department. This information is requested on a voluntary basis. Refusal to provide this information will not subject you to adverse treatment.

Title of job for which you are applying: _____

Job order number: _____

1. Ethnic Origin (defined by Office of Federal Compliance Programs, U.S. Department of Labor):

- ☐ **White**, not of Hispanic origin (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- ☐ **Black**, not of Hispanic origin (a person having origins in any of the original black racial groups of Africa)
- ☐ **Hispanic** (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race)
- ☐ **Asian/Pacific Islander** (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands)
- ☐ **American Indian/Alaskan Native** (a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition)

2. Gender

- ☐ Male
- ☐ Female

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